FORM Dill Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

JAN 14 2008

FORM D

NOTICE OF SALE OF SECURITIES Washington, DC FURSUANT TO REGULATION D. SECTION 4(6), AND/OR

Washington, D.C. 20549

OMB Number Expires: Estimated average burden hours per response. . . . ,16.00

SEC US	E ONLY
Prefix	Serial
DATÉ RE	ECEIVED
Î	1

Address of Executive Offices 347 THOMPSON RD., P.O. BOX 3385, PIKEVILLE, KY 41502 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business GAS PRODUCTION AND SALES Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Month Year	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.) RACCOON TRIANGLE PARTNERS	
	ULOE
A. BASIC IDENTIFICATION DATA	I TOTAL BOTTLE TEXT COME WELL WAS COME OF SECTION
1. Enter the information requested about the issue:	
	08021204
(remote and offering the order)	Telephone Number (Including Area Code) (606) 437-6147
	Telephone Number (Including Area Code)
Brief Description of Business	
corporation [] limited partnership, already formed [] other (p	lease specify): GENERAL PARTNERSHIP PROCESSED
	()
CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS	竹道 / THOMSON FINANCIAL
GENTERAL UTOJ KUS. CLUNO	' WANTOIAL

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 O.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all it formation requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate lederal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	A BASICID	ENTIFICATION DATA	end water the th	
2. Enter the information requested for the follow	THE PERSON NAMED AND POST OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN TRANSPORT NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED I	A STATE OF THE PROPERTY OF THE		The Manual Street Control of the Street Stre
Each promoter of the issuer, if the issue		vithin the past five years:		
•	_		of 10% or more	of a class of equity securities of the issuer.
Each executive officer and director of co	·	• -		
		corporate general and ma	naging partners o	partitership issuers, and
Each general and managing partner of p	a thership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
KANNEY, JEROME A. Full Name (Last name first, if individual)		 .	<u></u>	
347 THOMPSON ROAD, P.O. BOX	3385, PIKEV	TLLE, KY 4150	2-3385	
Business or Residence Address (Number and Str	ert, City, State. Zip C	ode)		
Check Box(cs) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or
ROHRER, DENNIS L. Full Name (Last name first, if individual)			- 	Managing Partner
347 THOMPSON ROAD, P.O. BOX	3385. PIKEVT	ILE. KY 41502-	3385	
Business or Residence Address (Number and Str.				
Business of Residence Address (Number and Sur	cer, City, State, Zip C.	3 0e)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		·		
tur rame (cast name mat in muranum)				
Business or Residence Address (Number and Street	eet, City, State, Zip Co	ode)	<u>., </u>	
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			<u> </u>	
Business or Residence Address (Number and Stre	et, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter		Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
				·
Business or Residence Address (Number and Stre	et, City, State, Zip Coo	de)		
Check Box(es) that Apply: Promoter	Baneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street	et, City, State, Zip Cod	ie)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Stree	t City State 71a C-3	a)		
	а, спу. маке, дір С00	·,		•

					INKORMA	TIONABO	UTIOFFE	UNG TE				
I. Has th	e issuer so	ld, or docs	the issuer	intend to s	cli to non-	-accredited	investors	in this offe	ring?		Yes []	No
11 1725 1		10, 01 0003			in Appendi				_	***************************************	LA	
2. What	is the mini:	mum invest						='			<u>\$12</u>	,000
											Yes	No
		g permit joi									_	
comm (fa per or state	ission or sir rson to be li es, list the r	ntion requential remunds ted is an aname of the re, you may	eration for ssociated p broker or d	so icitatio erson or ag lca.er. If n	n of purcha gent of a bro nore than fi	sers in com iker or deal ve (5) perso	nection wit ler register ons to be li	h sales of so ed with the sted are ass	ecurities in SEC and/o	the offering with a sta	ıg. ite	
Full Name	(Last name	: first, if inc	dividual)									
Business or	Residence	Address (Number an	id Etreet. (City, State.	Zip Code)	,	 .		, <u>, , , , , , , , , , , , , , , , , , </u>		
Name of A	ssociated B	roker or De	ealer					·-·				
States in W	hich Perso	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchaser	S					
(Check	"All State	s" or check	individua	l States)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************	*****************	***************************************			🗆 ^	If States
AL (IL) MT (RI)	AK IN NE SC	AZ IA NV SD	AR KS NH TN		CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name (Last name	first, if ind	ividual)									
Business of	Residence	Address (Number an	id Street, C	City, State,	Zip Code)	 -		<u> </u>	_		
Name of As	sociated Bi	roker or De	aler					<u>,</u>				
States in Wi	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	;					
(Check	"All States	s" or check	individual	States)	••••••		************	·····			. 🗌 Al	States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NI TI	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name (Last name	first, if indi	vidual)			······································						
Business or	Residence	Address (1	Vumber an	d Street, C	ity, State,	7.ip Code)						
Name of Ass	sociated Br	oker or Dea	aler									
States in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
(Check	"All States"	" or check	individual	States)	***************************************	••••••			************		☐ All	States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR (KS) (NH) (TN)	CA KY NI TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

**GOEFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS WELL

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregale	Amount Aiready
	Type of Security	Offering Price	Sold
	Debt	S	_ \$
	Equity	S	
	Common Preferred		
	Convertible Securities (including warrants)		\$
	Partnership Interests		<u>\$ 121,500</u>
•	Other (Specify)	0	s 0
	Total	864,000	s 121,500
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if ar swer is "none" or "zero."	Norther	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	7	s 121,500
	Non-accredited Investors	0	5 0
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE.		Ψ
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A	0	\$
	Ruic 504	0	s
	Total	0	\$
ţ	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s0
	Printing and Engraving Costs		s_1,000
	Legal Fees		s 1,000
	Accounting Fees		s 20,500
	Engineering Fees	_	s 0
	Sales Commissions (specify finders* fees separately)	_	s 0
	Other Expenses (identify)		s 0
	Total		\$ 22 500

	A COPPERING PRIGRANGM	BERIOFINVESTORS, EXPENSES AND USE OF	PROG	EEDS)		
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."		S		s 84	1,500
5.	Indicate below the amount of the adjuster, gross proceeds to the issuer set forth in response to Part	ry purpose is not known, furnish an estimate and fithe payments listed must equal the adjusted gros	i			
			, d	yments to Officers, rectors, & Tiliates		iyments to Others
	Salaries and fees		" \$ _	0	_ \$ _	
	Purchase of real estate		□\$_	0	S_	_0
	Purchase, rental or leasing and installation of mac and equipment	hinery	□\$	0	□ s_	0
	Construction or leasing of plant buildings and fac-			0	□ s _	_0
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ue of securities involved in this ets or securities of another	_		_ s_	0
	Repayment of indebtedness			0		0
	Working capital			1,500		: 0
	Other (specify): DRILLING NATURAL GA	S WELLS	s <u>_8</u>	40,000	□ s _	0
			— ⊤ s _∂	50.50°		Ç
	Column Totals		 _ • 8	41.500		0
	Column 1 otals			11,500	□ •—	
	Total Payments Listed (column totals added)			□\$ <u>.84</u>	1,5 00	
¥	THE THE SECTION OF TH	DUEDERADSIGNATURE	4-10-			计算工程
gn	issuer has duly caused this notice to be signed by the caused this notice to be signed by the lature constitutes an undertaking by the issuer to furning the formation furnished by the issuer to any ron-accretions.	ish to the U.S. Securities and Exchange Commis	sion, u	pon written	e 505, tł reques	ne following Lof its staff.
su	er (Print or Type)		Date			
RA	CCOON TRIANGLE PARTNERS	Jeone a. Kanney (ARK)	12/	131/0	7	
am	e of Signer (Print or Type)	Title of Signer (Print or Type)				
JΕ	ROME A. KANNEY	MANAGING GENERAL PARTNER				
	,					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		F. STATESIGNATURE ASSESSMENT	建 种的人对对自己的		
1.	Is any party described in 17 CFR 231).262 provisions of such rule?			Yes 🗓	No IŽ
	Sec	Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as required.	furnish to any state administrator of any sta ed by state law.	ite in which this notice is	s filed a noi	tice on Form
3.	The undersigned issuer hereby undertakes to issuer to offcrees.	o furnish to the state administrators, upon	written request, inform	iation furni	ished by the
4.	The undersigned issuer represents that the is limited Offering Exemption (ULOE) (I the s of this exemption has the burden of establis	tate in which this notice is filed and under	stands that the issuer cla		
The issu	er has read this notification and knows the cont horized person.	ents to be true and has duly caused this noti-	ce to be signed on its beh	nalf by the t	ındersigned
Issuer (Print or Type)	Signature	Date		
	ON TRIANGLE PARTNERS	Jerome a. Karney 194	PK) 12/3//0	7	
Name (F	Print or Type)	Title (Print or Type)			

MANAGING GENERAL PARTNER

Instruction:

JEROME A. KANNEY

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

					PPENDLX				
1	to non-	2 nd to sell -accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 lification ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ									,
DE									
DC									
FL									
GA									
н									
ID									
ΙĽ									
IN									
IA									
KS									
KY	Х		Partner. Int. \$864,000	7	\$121,500				_X
LA			♥001,000						
ME									
MD									
МА									
мі									
MN									
MS									

200				A PART	ENDIX:			il Ag	经商誉
1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and urchased in State t C-Item 2)	,	under Sta (if yes, explana	ification ate UI.OE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									
NH									
И						<u> </u>			
NM									
NY									
NC									
ND									
ОН					<u> </u>				
ок									
OR			<u> </u>						
PA									
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sc									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
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1	I 2 Intend to sell to non-accredited investors in State (Part B-Item !)		Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

 \mathbb{END}